

22/03/2002

ASS. REC. BY:

REF:

CS / C7118021562 / Dvd312

Special Instruction:

Survivor:

Bryen

ASSIGNMENT (Office)

From (Person):

Chong Boon Sen

of

CTI

Date/Time:

28/11/18 @ 3:08pm

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

8JW 1058M

Insured:

GBB 7734K

at Workshop m/s

Chiang Leong Motor

Tel:

9662 0782

of

10 AMK Ind. Park 2A #03-15

Policy No:

DMCVSN 3025541800

Claim No:

SNM18D05558C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 19/11/18

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement:

Date/Time:

9:47am @ 29/11/18

Person Contacted:

Mr Lee

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	8JW 1058M - NA / C7118021003/h4
	GBB 7734K - NA / C7118021003/h4
29/11/18	Yall yet

DoA: 19/11/18

DoA: 19/11/18

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: RS 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 8JW 1058 M Yr Regn: 03 Mar / 2010
 Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Mercedes Benz C180 C180 C.C. 1796
 Colour: Beige A/C: Insured / Std / NI / NA
 Sp. Reading: 102202 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 204049 2A 354557Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45 R17R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Michelin

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 19/11/2018D.O.I. 04/12/2018Survey held at Chiang Leong AMC

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Front

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	China Taping GBB 77341K

Get ROC number pls.

06/12/18 Invoice RS 900/- with 6 days 3 days of car (Red 350, 3890)
R/S (No 15)

Labour Only

Date/Time. File Pass to?

☐

Preli. Report

☐

Final Report

Date/Time. File Return to?

2)

6/12 - typist

Report Format:

MerimenLump Sum / I.B.I: (\$ RS \$900/2)Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech Invs (\$☐ Weekend (\$Survey Fee: 220

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

220

RECEIVED 07 DEC 2018

5/12/2018

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Nov 2018		28 Nov 2018 15:08 Assign				New Assignment Cancel Case

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:			
Main Claimant:	WB AIR TECHNIQUES PTE LTD		
Vehicle Reg. No.:	SJW1058M	Date of Loss:	19/11/2018 00:00 - :59
Claim Type:	TP / SNM18D05558C02	Policy/Cover Note No.:	DMCVSN3025541800
Vehicle Reg. No. (Insured):	GBB7734K	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Chiang Leong Motor Vehicle Spray Painting (HQ) 10 ANG MO KIO INDUSTRIAL PARK 2A #03-15 AMK AUTOPOINT, 568047 Ang Mo Kio - Tel: 64833119		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/12/2018]		
Adj Asg. Remarks:	NO EST, CASE WITH SJE.		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)
[Compose Case Mail](#)

ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Your Ref : GBB 7734K
Our Ref : **SJW 1058M/CL/sy/wl**
Date : 27 November 2018

Fax : **6538 3708**
Tel : **3152 0984**
Email : **accident@kscgp.com**

China Taiping Insurance (Singapore) Pte. Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 19 NOVEMBER 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is agreeable to appointing LKK as a Single Joint Expert.

The said vehicle can be surveyed / inspected at:

Address : Chiang Leong Motor Vehicle Spray Painting
10 Ang Mo Kio Industrial Park 2A
#03-15 AMK Autopoint
Singapore 568047

Contact Person/Tel : Mr Lee Hang Boon (h/p: 9662 0782)

Yours faithfully,

f. SY

Your Ref : GBB 7734K

Our Ref : SJW 1058M/CL/sy/wl

Date : 27 November 2018

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/11/2018 17:19
Date Of Accident	19/11/2018 17:30
Exact Location Of Accident	702 AMK AVE 8 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1058M
Insured/Policyholder	
Name Of Registered Owner	M/S WB AIR TECHNIQUES PTE LTD
Co Reg No	- 199801596C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62526707
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	-
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3035261800
Cover Note Number	-
Driver	
Name of Driver	NGIAM SOON NEO
NRIC No	S0064179J
Date Of Birth	27/03/1953
Occupation	INDOOR
Date Of Driving Pass	18/09/1975
Driving Experience	43 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91389630
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	69 YIO CHU KANG GARDENS
Postcode	568117
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7734K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

MY VEH WAS PARKED AT THE BLK 702 AMK AVE 8 OPEN CARPARK, LOT NUMBER 75, BEFORE I LEAVE MY VEH EVERYTHING WAS INTACT, WHEN I WENT BACK TO MY VEH, I NOTICED MY VEH SUFFER DAMAGE ON THE RIGHT HAND SIDE DOOR, AND A EYEWITNESS LEAVE A NOTE INFORM ME THE OTHER PARTY DETAILS.

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
9. The information so collected under (d) above may be shared / disclosed:
 - (a) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (b) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Accident No. 1058 M



A= SJW 1058 M

B= GBB 7734 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

I declare the foregoing particulars are true in every respect

Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

長隆汽車服務

CHIANG LEONG MOTOR VEHICLE SPRAY PAINTING

10 Ang Mo Kio Industrial Park 2A #03-15 AMK Autopoint Singapore 568047

Tel : 9662 0782 Fax : 6483 1392

Business regn no : 204106-00A

ESTIMATE

China Taiping Insurance (S) Pte Ltd

Date : 3 Dec 2018
Vehicle No : SJW 1058 M
Make/Model: Mercedes Benz C180

Qty	Parts And Labour Detail	\$
	To supply parts and labour to repair damages on front bumper, front right side fender and front door on a lump sum basis	<u>1250.00</u>
		900/-

04/12/2018 @ 1030hrs

Total 1250.00

KIA Andrea

HSN Regn Sum

Ryan 3 days

LKK Auto

97237799

photo after repair

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Nov 2018		28 Nov 2018 15:08 Edit Adj Rpt	S\$900.00 Edit Estimates	S\$900.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	0, Co. Reg. No.: 0								
Main Claimant:	WB AIR TECHNIQUES PTE LTD								
Vehicle Reg. No.:	SJW1058M	Date of Loss:	19/11/2018 00:00 - :59 [104 Months and 16 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM18D05558C02	Policy/Cover Note No.:	DMCVSN3025541800						
Vehicle Reg. No. (Insured):	GBB7734K	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Chiang Leong Motor Vehicle Spray Painting (HQ) 10 ANG MO KIO INDUSTRIAL PARK 2A #03-15 AMK AUTOPOINT, 568047 Ang Mo Kio - Tel: 64833119								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by BRYAN TANI] ... [Final Rpt due 07/12/2018]								
Adj Asg. Remarks:	NO EST, CASE WITH SJE.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SJW1058M (SNM18D05558C02)**
[GBB7734K]

TP

WB AIR TECHNIQUES PTE LTD

Nov 19 2018 12:00AM

[0]

Chiang Leong Motor Vehicle Spray Painting

Upload Documents			Upload Photos			Compose New Letter			View		View in Browser	
Photos/Images									3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print	
1	06/12/18 13:07	Front View Left								Load JPG	<input checked="" type="checkbox"/>	
2	06/12/18 13:07	Front View Right								Load JPG	<input checked="" type="checkbox"/>	
3	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
4	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
5	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
6	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
7	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
8	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
9	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
10	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
11	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
12	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
13	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
14	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
15	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
16	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
17	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
18	06/12/18 13:07	General View								Load JPG	<input checked="" type="checkbox"/>	
19	06/12/18 13:07	Odometer Reading								Load JPG	<input checked="" type="checkbox"/>	
20	06/12/18 13:07	Chassis Number								Load JPG	<input checked="" type="checkbox"/>	
21	06/12/18 13:08	Finishing Photo								Load JPG	<input checked="" type="checkbox"/>	
22	06/12/18 13:08	Finishing Photo								Load JPG	<input checked="" type="checkbox"/>	
23	06/12/18 13:08	Finishing Photo								Load JPG	<input checked="" type="checkbox"/>	
24	06/12/18 13:08	Finishing Photo								Load JPG	<input checked="" type="checkbox"/>	
25	06/12/18 13:08	Finishing Photo								Load JPG	<input checked="" type="checkbox"/>	
26	06/12/18 13:08	Finishing Photo								Load JPG	<input checked="" type="checkbox"/>	
27	06/12/18 13:08	Finishing Photo								Load JPG	<input checked="" type="checkbox"/>	
28	06/12/18 13:08	Finishing Photo								Load JPG	<input checked="" type="checkbox"/>	
									1 per page		<input checked="" type="checkbox"/>	
Documentation												
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)								Thumbnail	Print	
1	28/11/18 15:07	PRS								Load PDF		
2	28/11/18 15:07	TP GIA								Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
----------------------------	-------	------	-------

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CT118021562/DVD3E2

Date: 12/12/2018

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMCVSN3025541800

Claimant Vehicle No: SJW1058M Insured Vehicle No: GBB7734K

Date of Loss: 19/11/2018 Nature of Claim: TP Claim No: SNM18D05558C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SJW1058M**

Make & Model: MERCEDES-BENZ 220E, 2.2 (A) Engine No: 27182030026726

Reg. Date: 03/03/2010 (Man. Year: 2009) Chassis No: WDD2040492A359557

Colour: Beige Odometer: 102202 km

Engine Capacity: 1796 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 225/45R17 Rear Tyre Size: 225/45R17

Front Left Side: Michelin 5 mm Rear Left Side: Michelin 5 mm

Front Right Side: Michelin 5 mm Rear Right Side: Michelin 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,250.00	900.00	350.00	28.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	1,250.00	900.00	350.00	28.00

INSPECTION

Date of Assignment: 28/11/2018

Date Inspected: 04/12/2018 Inspected At: Chiang Leong Motor Vehicle Spray Painting (HQ)
10 ANG MO KIO INDUSTRIAL PARK 2A
#03-15 AMK AUTOPOINT
Singapore 568047

Estimated Period of Repair: 3.0 days

Adjuster: BRYAN TANI

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 12 Dec 2018)

Parts: 143 **MERCEDES-BENZ 220E 2.2 (A) (Catalogue:Merimen Singapore 1.0)**

Labour: Repairer's **(Price-denominated Standard List)**

Print Code: (Unsubmitted, no print-code for SJW1058M)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO SUPPLY PARTS AND LABOUR TO REPAIR DAMAGES ON FRONT BUMPER,FRONT RIGHT SIDE FENDER AND FRONT DOOR ON A LUMP SUM BASIS	New	1,250.00	900.00
Gross Labour Cost (\$\$)			1,250.00	900.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >